

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

**RECEIVED**  
JAN 27 2011

Secretary of State  
Capital Office  
DATE STAMP

Name of Candidate LARRY BYRDAddress 17 BYRD RD. PETAL, MS 39465Telephone 601-544-1877 Fax       Contact Name        Email LBYRD@HOUSE.MS.GOVOffice Sought HOUSE OF REPRESENTATIVES 104 Political Party REPUBLICAN
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

       Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,200. <sup>00</sup> + \$ - 0 -	\$ 1,200. <sup>00</sup>	\$ 1,200. <sup>00</sup>
Total amount of disbursements	\$ 931. <sup>23</sup> + \$ 449. <sup>37</sup>	\$ 1,380. <sup>60</sup>	\$ 1,380. <sup>60</sup>
Total amount of cash on hand		\$ (-180. <sup>60</sup> )	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Larry ByrdDate 1-27-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee LARRY BYRDReporting period JAN 1, 2010 through DEC 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LARRY BYRD</u>		<u>6 / 10 / 10</u>	\$ <u>1,000.00</u>
Mailing Address <u>17 BYRD RD.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>PETAL, MS</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>STATE OF MS</u>		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>		<u>6 / 6 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. CAPITOL ST.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee LARRY BYRD  
 Reporting period JAN 1, 2010 through DEC 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>COURT</u>		
Mailing Address	<u>1 / 28 / 10</u>	\$ <u>331.23</u>
<u>749 RIDGELAND RP.</u>		
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
<u>RIDGELAND, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>331.23</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BOY SCOUTS OF AMERICA</u>		
Mailing Address	<u>4 / 15 / 10</u>	\$ <u>50.00</u>
<u></u>		
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
<u></u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PETAL ATHLETICS</u>		
Mailing Address	<u>4 / 15 / 10</u>	\$ <u>50.00</u>
<u>HWY 42 E.</u>		
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
<u>PETAL, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PETAL TOUCHDOWN CLUB</u>		
Mailing Address	<u>8 / 11 / 10</u>	\$ <u>200.00</u>
<u>HWY 42 E</u>		
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
<u>PETAL, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PALAZZO FOR CONGRESS</u>		
Mailing Address	<u>9 / 15 / 10</u>	\$ <u>300.00</u>
<u>P.O. BOX 4634</u>		
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
<u>BILOXI, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1 / 1 / 1</u>	\$
City, State, Zip Code	<u>1 / 1 / 1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$